

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40849

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 1126		
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (In this place) 436 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MAPLEWOOD				
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL				d. STREET ADDRESS (If rural, give location) 7312 MYRTLE AVENUE				
3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) W. c. (Last) STROTSCH			4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 18, 1949					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH DECEMBER 26, 1893		
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 60 MIN. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CREAMERY WORKER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME PAUL E. STROTSCH			13b. MOTHER'S MAIDEN NAME ROSE HIGGINS			14. NAME OF HUSBAND OR WIFE TRENE STROTSCH		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR ONE			16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME VA RECORDS VA HOSPITAL, SPRINGFIELD, MISSOURI			ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis, pulmonary, chronic, far-advanced, active.					INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					0-2X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that ^{VA} attended the deceased from OCTOBER 8, 1948 , to DECEMBER 18, 1949 , and that death occurred at 4:20 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE P. L. ESTEVEZ, M.D. CHIEF PROFESSIONAL SERVICES			23b. ADDRESS VA HOSPITAL SPRINGFIELD, MISSOURI			23c. DATE SIGNED 12-19-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec 19, 1949		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Maplewood, Missouri		
DATE REC'D BY LOCAL REG. 12-19-49		REGISTRAR'S SIGNATURE W.S. Handley		25. FUNERAL DIRECTOR'S SIGNATURE Edna Schmeyer		ADDRESS Springfield		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 1 9 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Signed: Bernard F. Wright

Signed.....
Student Embalmer

Licensed Embalmer No. 4393

P. O. Address Springfield,

Note: -The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.